



State of Washington

**DEPARTMENT OF FINANCIAL INSTITUTIONS  
DIVISION OF CONSUMER SERVICES**

*P.O. Box 41200 • Olympia, Washington 98504-1200*

*Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov>*

## Consumer Complaint

We have found complaints can normally be resolved if the consumer contacts the company directly. If you have not already done so, please contact the company and attempt to resolve the problem. If direct contact is unsuccessful or you are not satisfied with the results, please fill out this form and send it, along with copies of the company's response and any other appropriate documentation, to the Division of Consumer Services. Your complaint will be promptly acknowledged, and you will be notified of the final disposition.

### Your Information:

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Fax Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### Against Whom Are You Complaining?

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Fax Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Who You Contacted:** \_\_\_\_\_

## Transaction Information:

What type of transaction did you conduct with the party named above (e.g. loan, closing, etc.)?

When did the transaction occur? (if multiple dates, provide first date and clarify additional dates under complaint/problem section)

## Mortgage Information:

If your complaint involves a mortgage, what is the address of the property?

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Is this your primary address?** ☐ YES ☐ NO

## Attorney Information:

Please check the following if they apply

☐ I have an attorney

☐ I would like to work directly with my attorney

**Attorney's Name:** \_\_\_\_\_

**Firm:** \_\_\_\_\_ **Telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Complaint/Problem:**

Provide a concise description of the problem (Remember to include: who, what, when, where, why and how the events transpired. Also remember to send copies of all documents relevant to the complaint)

What do you think will resolve this problem for you? (Be as specific as possible)

## **Public Records Disclosure Act:**

Under the public records provisions of Washington law, RCW 42.17 et.seq., this complaint may become subject to public disclosure at some time after your file is closed.

☐ By checking this box, you may request that this complaint not be disclosed if it is requested pursuant to the Public Records Disclosure Act.

## **Declaration:**

By signing my name below, I declare, under penalty of perjury under the laws of the State of Washington that the information contained in this complaint is true and accurate and the information may be used to further investigate the complaint.

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**Date**

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**Signature**